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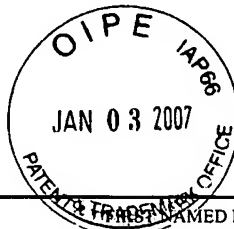
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10/05/2006

TOWNSEND AND TOWNSEND AND CREW, LLP
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Margaret K. Stephan (Depositor's name)
 Margaret K. Stephan (Signature)
 December 28, 2006 (Date)

APPLICATION NO.	FILING DATE	NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/674,763

09/29/2003

Nobuhiro Kuwamura

16869G-087800US

4461

TITLE OF INVENTION: MAGNETIC DISK DRIVE

01/04/2007 EXHILE2 00000052 201430 10674763

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, SHANE M	2186	711-112000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Townsend and Townsend,
 2 and Crew LLP
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hitachi Global Storage
 Technologies Japan, Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Odawara, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert C. Colwell

Date

December 28, 2006

Typed or printed name

Robert C. Colwell

Registration No.

27,431

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